STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

MISSOURI BOARD FOR RESPIRATORY CARE
P.O. BOX 1335
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 522-5864
TDD (800) 735-2966

INSTRUCTIONS

Complete Section I and mail this form to each state, United States Territory, province or country that you have or ever have had a license, certification, registration, temporary license or a temporary permit to practice respiratory care. This verification must be returned to the Missouri Board for Respiratory Care within ninety (90) days of your application. Some states do require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), U.S. territory, province or country. This form may be photocopied as necessary.

SECTION I - TO BE COMPLETED BY APPLICANT

NAME (FIRST, MIDDLE, LAST, SUFFIX)

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF LICENSE/CERTIFICATION/REGISTRATION/PERMIT HELD	NUMBER ISSUED
SOCIAL SECURITY NUMBER	DATE OF BIRTH

The Missouri Board for Respiratory Care requests that I submit evidence of the status of my license, certification, registration, permit in your state. You are hereby authorized to release any information in your possession pertaining to me, favorable or otherwise, directly to the Missouri Board for Respiratory Care, P.O. Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE	DATE

SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY

TYPE OF REGULATION
☐ LICENSE   ☐ CERTIFICATION   ☐ REGISTRATION   ☐ PERMIT HOLDER

LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

LICENSE WAS ISSUED ON THE BASIS OF
☐ NBRC CREDENTIALS   ☐ STATE EXAMINATION   ☐ EDUCATION   ☐ GRANDFATHER CLAUSE
☐ OTHER _____

HAS THE APPLICANT'S LICENSE EVER LAPSED?
☐ YES   ☐ NO   IF YES, EXPLAIN

HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY?
☐ YES   ☐ NO   IF YES, EXPLAIN

DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS?
☐ YES   ☐ NO   IF YES, EXPLAIN

SIGNATURE	
DATE	PLEASE AFFIX BOARD SEAL
NAME PRINTED	
TITLE	

MO 375-0956 (2-15)